Clinical Decision Pathway COVID-19 in LTC Residents

This algorithm assumes Public Health Authorities are involved and are coordinating outbreak in facility, and is meant to aid clinicians to manage care of residents with COVID-19 LTC.

Resident tests positive for COVID-19

Notify:
- Most Responsible Provider (MRP)
- Family/SDM
- LTC Medical Director

Did the client have a COVID-19 serious illness conversation?

Yes

Virtual COVID specific serious illness conversation

No

Is there a mutual agreement for comfort/treatment pathway?

Yes

Onsite Supportive Measures

Consult with Facility Medical Director/Coordinator

No

Consult with Receiving Physician (regional triage team/ED)

Is there a mutual agreement for comfort/treatment pathway?

Yes

Acute Care by exception

No

Avoid aerosol generating procedure, including:
- Nebulized medications
- CPAP
- BIPAP
- High flow oxygen greater than 6 liter/min
- For ventilator dependant patient, ET-tube repositioning or deep suctioning.

If unavoidable ensure PPE include N95 mask.

Fluids

Is Hypodermoclysis clinically indicated?

Yes

Initiate Hypodermoclysis 30-50ml/hr

No

Continue PO Intake

Respiratory Support

Maintain O2 >90% on 6l or Supplemental O2 via nasal prongs. Max O2 of 6 litres/min

Cough:
- Antitussives/opioids
- PO Decongestant
- Avoid nebulizers

Dyspnea/anxiety:
- O2 for Comfort
- SC Opioids
- SC/SL anxiolytics

Pain and Fever:
- Opioids
- Antipyrretics

Symptomatic Relief

Consider Initiating Actively Dying Protocol